MyMalnutrition Tools (MMT) **Program**

In today's evolving healthcare environment, quality patient care is of the utmost importance. Nutrition therapy is an integral part of this process since it's estimated that about 30- 50% of hospitalized patients are malnourished upon admission. Nutrition deficits can impact muscle loss and, in turn, increase risk of falls, infection, pressure injury, and negatively impact wound healing, length of stay (LOS), hospital readmissions, and reimbursement rates.

Many hospitals are missing out on the benefits of reduced length of stay and readmissions along with the additional potential revenue from identifying and treating malnourished patients. To help them solve this issue, Morrison Healthcare (MHC) has developed a new software tool called MyMalnutrition Tools (MMT).

MMT is used to track each patient identified by the dietitian as malnourished from the time the dietitian sees them until they are discharged. It takes the data and determines the difference in reimbursement due to the malnutrition code. The data also help us identify missed opportunities, such as when the dietitian identified malnutrition, but the patient wasn't coded with malnutrition at discharge. This is an example where the MHC Malnutrition program helps the hospital receive the reimbursement for the care provided.

Case Study

The MMT program was implemented within 15 facilities in the same system. The 15 facilities varied from an average daily census of as low as 17 and as high as 330. These were all acute care facilities, located in IN, TX, AR, AZ, AL, FL, NC, and PA. Some had already started a malnutrition initiative, and some had not. This pilot started in June 2021 and measured Medicare patients only.

Timeline:

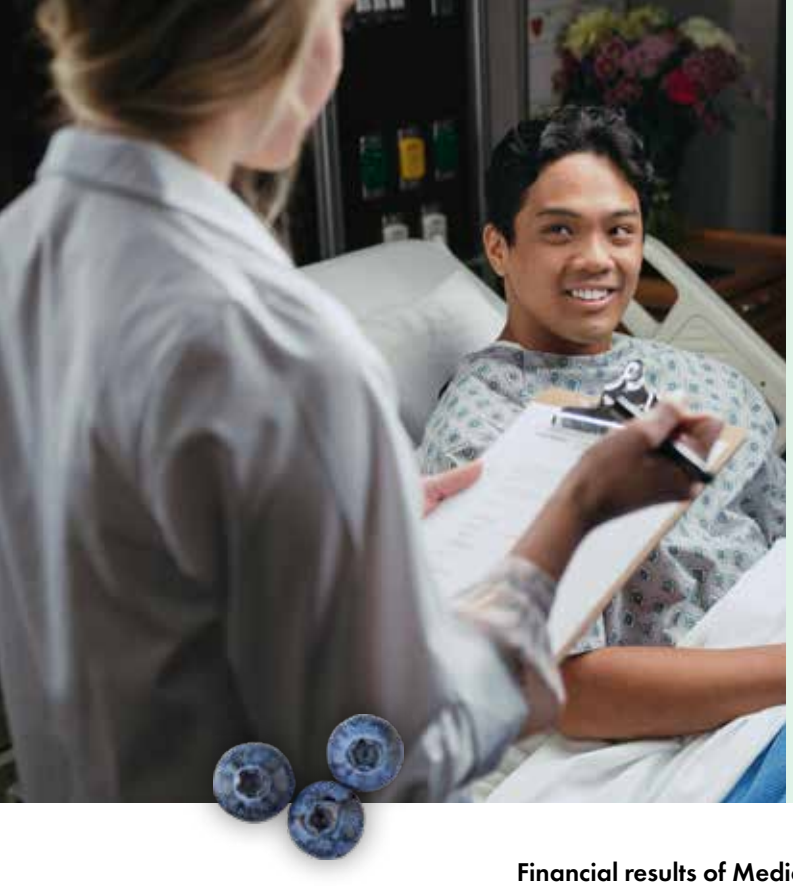
- Estimate about 6 months to get program up and running
- Reports normally run about two months behind (to give coding time to finalize all)
- Incremental improvements should start about 4-6 months after starting
- Reports from MMT guide the direction of action needed
- Estimate about 2 years to reach full potential but extremely varied based on critical factors

Critical Success Factors for a Multi-Facility Hospital System:

- **Malnutrition Coordinator**: Having a fully dedicated RDN working with this multi-facility hospital system has been essential to the success of the program.
- **RDN Staffing**: RDN staffing is essential to a successful program. Due to COVID and labor shortages, RDN staffing and support has varied considerably monthly.
- **Nutrition Focused Physical Exam (NFPE) completion**: 100% of the RDNs are trained and practicing.
- **Providers**: Provider engagement is essential and varied across the system. As the program matures, engagement and collaboration with those providers is a focus for continued improvement.
- **Coding and Clinical Documentation Specialist:** Identifying a central data contact and coding team has been critical to the success with consistent and standard data at the corporate and facility levels.
- **Policy**: Implemented a corporate-wide malnutrition policy.

Process:

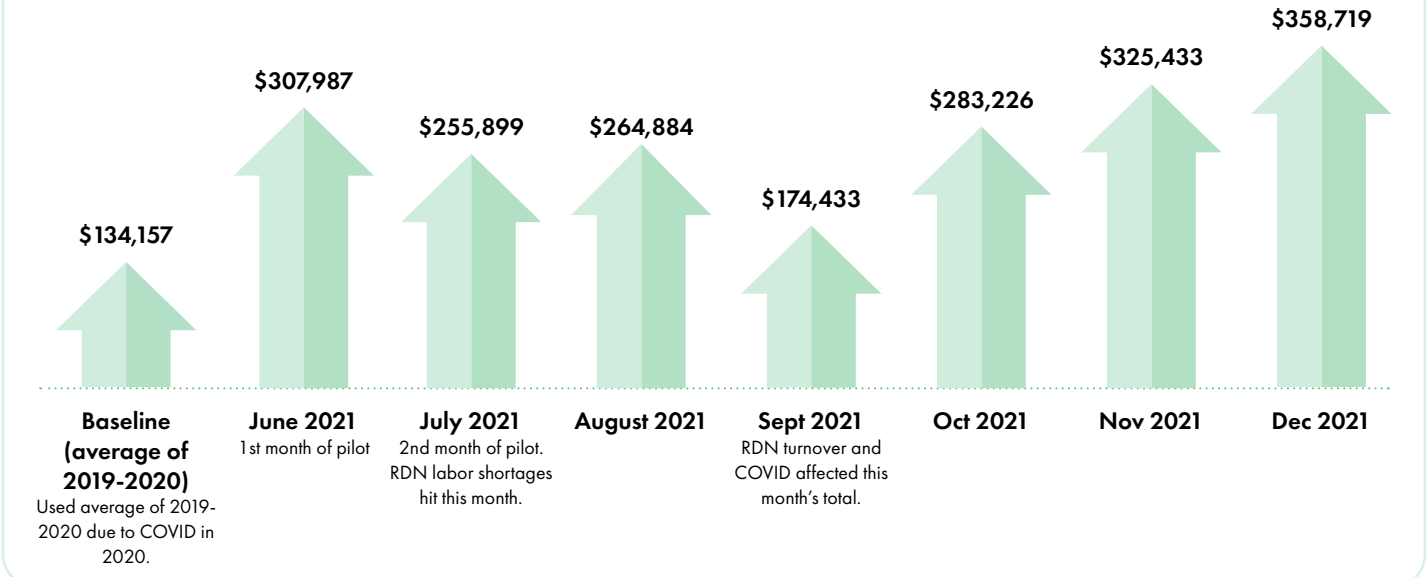
- Appointed a full-time RDN as the Malnutrition Coordinator to work with the Corporate Director of Malnutrition to lead the project. The Malnutrition Coordinator is dedicated solely to this pilot.
- The first step was to form a workgroup with the corporate department heads (nursing, physician advisor, coding documentation specialist, coding service, health informatics, quality assurance, and data analyst). By doing this we were able to streamline some processes (corporate policy on malnutrition, reporting capabilities, etc.) that saved time at the facility level. We had bi-weekly calls for 1.5 months prior to rolling out to the facilities. We continued with monthly calls for the first 3 months after roll out.
- Roll out to facilities:
  - Set up goals for each facility to meet the different stages of implementation (outlined in our Implementation Planning Checklist)
  - Regular calls with all Clinical Nutrition Managers (CNMs): We have large group calls monthly. We also had monthly calls with the CNMs in smaller groups based on their malnutrition knowledge.
  - Access and training to MyMalnutrition Tools (MMT) completed. Training is on-going.



"On June 15, 2021, we launched the Morrison MyMalnutrition Program in 15 selected pilot facilities as an ongoing improvement process, patient outcome, and cost savings/ reimbursement initiative. The MyMalnutrition Program review period for the pilot sites ended on December 14, 2021, with good results. Some of the successes include increased RDN identification of patients with malnutrition, more thorough and accurate Malnutrition Diagnosis Documentation reporting, and increased reimbursement / revenue related to patients coded with malnutrition that affected Medicare payments. Total net reimbursement after program and staffing costs for the pilot sites were factored in equaled ~$2.5M for the 6 month pilot program period. There have also been great strides made at the pilot sites in improving the agreement between what the Morrison RDNs identify, what our providers document, and what is actually coded."

-Testimonial from client VP & Supply Chain COO

Financial results of Medicare patients of pilot to date:



Malnutrition Diagnosis Documentation Agreement (one facility):

Period	% agreement between MD and RDN	% agreement between Coders and RDN	% agreement between MD and Coders	% agreement of severity level RDN Dx and Coders
Jun-21	68.9%	66.7%	97.8%	51.1%
Jul-21	70.8%	71.4%	100.0%	57.1%
Aug-21	85.7%	87.5%	100.0%	87.5%
Total	**72.0%**	**71.8%**	**99.1%**	**59.0%**

100 bed facility in PA:

	June	July	August	September
Medicare discharges	194	193	188	170
Medicare coded w/malnutrition (#)	11	17	13	16
Medicare coded w/malnutrition (%)	5.7%	8.8%	6.9%	9.4%
Medicare pts w/malnutrition that impacted revenue	1	3	4	3
Additional revenue due to malnutrition code	**$3,301**	**$10,918**	**$29,444**	**$12,400**

150 bed facility in AR:

	June	July	August	September
Medicare discharges	273	281	207	222
Medicare coded w/malnutrition (#)	7	1	14	18
Medicare coded w/malnutrition (%)	2.6%	4.6%	6.8%	8.1%
Medicare pts w/malnutrition that impacted revenue	2	0	2	7
Additional revenue due to malnutrition code	**$2,714**	**0**	**$10,592**	**$26,652**